

FORM NLRB-502 (RC)
(4-15)

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 18-RC-249150	Date Filed October 01, 2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Minneapolis Club		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 729 2nd Ave S MN Minneapolis 55402-	
3a. Employer Representative - Name and Title Thomas Olson		3b. Address (If same as 2b - state same) 729 2nd Ave S MN Minneapolis 55402-	
3c. Tel. No. (320) 493-1892	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Tomo@mpclub.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Restaurants	4b. Principal product or service inking functions as well as hosting events such as weddings and other	5a. City and State where unit is located: Minneapolis, MN
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		6a. No. of Employees in Unit: 3
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) ~~09/22/19~~ 10/1/19 and Employer declined recognition on or about ~~09/22/19~~ 10/1/19 (Date) (if no reply received, so state). Yes
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or Individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail		
11b. Election Date(s): 10/1/19 <u>10/21/2019</u>	11c. Election Time(s): 2:00pm-3:00pm	11d. Election Location(s): employee break room

12a. Full Name of Petitioner (including local name and number) Geoffrey Scott Paquette UNITE HERE local 17	12b. Address (street and number, city, state, and ZIP code) 312 Central Ave SE MN Minneapolis 55413-
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or consultant (if none, so state)
UNITE HERE

12d. Tel No. (612) 513-1464	12e. Cell No.	12f. Fax No.	12g. E-Mail Address gpaquette@here17.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Geoffrey Scott Paquette	Signature Geoffrey Paquette	Title Organizer	Date 09/30/2019 12:30:16
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

DO NOT WRITE IN THIS SPACE

Case	Date Filed
18-RC-249150	October 01, 2019

Attachment

Employees Included **3**
employees responsible for cleaning gym/fitness center facility (Armour Globe)

Employees Excluded
0

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 18-RD-249856	Date Filed October 11, 2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer Schlagel, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 491 North Emerson Ave MN Cambridge 55008-	
3a. Employer Representative - Name and Title Jeff Vetos President		3b. Address (if same as 2b - state same) 491 North Emerson Ave MN Cambridge 55008-	
3c. Tel. No. (763) 689-5991	3d. Cell No.	3e. Fax No. (763) 689-5310	3f. E-Mail Address Jeff@schlagel.com
4a. Type of Establishment (Factory, mine, wholesaler, etc) Iron & Steel		4b. Principal product or service Bulk material handling equipment manufacturer	
5a. City and State where unit is located: Cambridge, MN			

5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		6a. No. of Employees in Unit: 46
		6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent Teamsters Local 970 Nathaniel Cochrane Business Agent		8b. Address 3001 University ave SE Suite 300 MN minneapolis 55414-	
8c. Tel No. (612) 331-6633	8d Cell No. (651) 285-2577	8e. Fax No. (612) 331-2631	8f. E-Mail Address TeamstersLocal970@gmail.com
8g. Affiliation, if any Internation Brotherhood of Teamsters		8h. Date of Recognition or Certification 03/08/1978	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 12/31/2019

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **No** _____. If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): Open	11c. Election Time(s): Open	11d. Election Location(s): Cambridge, MN	

12a. Full Name of Petitioner (b) (6), (b) (7)(C)	12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) (b) (6), (b) (7)(C) - _____

12d. Tel No. (b) (6), (b) (7)(C)	12e. Cell No.	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title	Date 10/11/2019 18:44:10
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
18-RD-249856	October 11, 2019

Employees Included

All full-time and regular part-time production and maintenance employees employed by the employer at its Cambridge, Minnesota facility

Employees Excluded

Office clerical employees, guards and supervisors as defined in the National Labor Relations Act

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 18-RC-250339	Date Filed 10/22/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Engineered Machined Products, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3111 North 28th Street Escanaba Michigan, 49829	
3a. Employer Representative - Name and Title: Gregory E. Bekes Director Human Resources		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 906-786-8404	3d. Cell No. 906-553-3484	3e. Fax No. 906-786-6635	3f. E-Mail Address Gregory.Bekes@emp-corp.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Factory		4b. Principal Product or Service Machined Metal Products	5a. City and State where unit is located: Escanaba Michigan
5b. Description of Unit Involved: Included: All full time and regular part time coolant technicians and helpers Excluded: All other Clerical, Retail, Managerial, Guards and Supervisors as defined in the Act			6a. Number of Employees in Unit: 14
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____. (If no reply received, so state) Let Petition Serve as Request <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____ has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state) None			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: All eligible voters cast ballots manually			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): November 13, 2019		11c. Election Time(s): 6:00-7:30 am and 2:00-3:30 pm E.S.T.	
11d. Election Location(s): Training Room at the facility			
12a. Full Name of Petitioner (including local name and number): General Teamsters Local Union No. 406		12b. Address (street and number, city, State and ZIP code): 3315 Eastern Avenue SE Grand Rapids Michigan 49508	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters			
12d. Tel. No. 616-452-1551	12e. Cell No.	12f. Fax No. 616-452-6364	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Kirk D. Alexander Business Agent		13b. Address (street and number, city, State and ZIP code): 2013 1st Avenue North Escanaba, Michigan 49829	
13c. Tel. No. 906-786-2743	13d. Cell No. 906-399-5973	13e. Fax No. 906-786-2801	13f. E-Mail Address kalexander@teamsters406.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) KIRK D. ALEXANDER	Signature Kirk D. Alexander	Title BUSINESS AGENT	Date 10/13/19

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Accentra Credit Union
2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)
400 4th Ave NE Austin MN 55912
3a. Employer Representative - Name and Title
Paul Knorr President
3b. Address (If same as 2b - state same)
Same

3c. Tel. No. 507-433-1829 **3d. Fax No.** 507-434-3300 **3e. Cell No.** **3f. E-Mail Address**

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Financial Credit Union **4b. Principal product or service**
Financial Services and Banking

5a. Description of Unit Involved
Included:
All Accentra Credit Union Employees Austin MN 55912
Excluded:
Persons employed in supervisory, exempt or confidential capacities as defined in the National Labor Relations Act
5b. City and State where unit is located:
Austin MN

6. No. of Employees in Unit 17 **7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative?** Yes No

8a. Name of Recognized or Certified Bargaining Agent
United Food and Commercial Workers International Union, Local 9 **8b. Affiliation, if any**

8c. Address
316 4th Ave NE
Austin MN 55912 **8d. Tel. No.** 507-437-8647 **8e. Cell No.**
8f. Fax No. **8g. E-Mail Address**

9. Date of Recognition or Certification **10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**
December 31, 2019

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes No **11b. If so, approximately how many employees are participating?**

11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of **(Insert Address)** since (Month, Day, Year)

12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

12a. Name **12b. Address** **12c. Tel. No.** **12d. Fax No.**
12e. Cell No. **12f. E-Mail Address**

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. Election is fine **13a. Election Type:** Manual Mail Mixed Manual/Mail

13b. Election Date(s) November 15, 2019 **13c. Election Time(s)** 9am to 10am **13d. Election Location(s)** Conference Room

14. Full Name of Petitioner
(b) (6), (b) (7)(C)

14a. Address (Street and number, city, state, ZIP code)
(b) (6), (b) (7)(C) **14b. Tel. No.** (b) (6), (b) (7)(C) **14c. Fax No.**
14d. Cell No. (b) (6), (b) (7)(C) **14e. E-Mail Address**

14f. Affiliation, if any

15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

15a. Name **15b. Title**
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C) **15d. Tel. No.** **15e. Fax No.**
15f. Cell No. **15g. E-Mail Address**

I declare that I have read the above petition and its contents and that the information is true to the best of my knowledge and belief.

Name (Print) (b) (6), (b) (7)(C) **Title** (b) (6), (b) (7)(C) **Date Filed** 10/30/2019

WILLFUL FALSE STATEMENTS OR MISFEASANCE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 18-RC-250949

Date Filed Oct. 31, 2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees.

2a. Name of Employer: Hughes Construction 2b. Address(es) of Establishment(s) involved: 147 Gilmore Rd Sulphur Rock, AR 72579

3a. Employer Representative - Name and Title: Rodney Hughes/ Owner 3b. Address (if same as 2b - state same): Same

3c. Tel. No. 3d. Cell No. 870-329-3995 3e. Fax No. 3f. E-Mail Address rghconstruction@yahoo.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Manufacturing and Construction 4b. Principal Product or Service Fabrication & Installation 5a. City and State where unit is located: Sulphur Rock, AR

6b. Description of Unit Involved: Included: All Full and Part time Employees engaged in installation & erection. Excluded: All Management, Office, Clerical, Security, Professionals, & Supervisors as defined in the Act

Check One: [X] 7a. Request for recognition as Bargaining Representative was made on (Date) 10/31/2019 and Employer declined recognition

8a. Name of Recognized or Certified Bargaining Agent (if none, so state) 8b. Address:

8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address

8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)

10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: Workers continuously traveling to unknown job sites 11a. Election Type: [] Manual [X] Mail [] Mixed Manual/Mail

11b. Election Date(s): 11/25/2019 11c. Election Time(s): Ten (10) Day mailing window 11d. Election Location(s): Worker's current home addresses

12a. Full Name of Petitioner (including local name and number): Iron Workers International Union 12b. Address (street and number, city, State and ZIP code): 1750 New York Ave, N.W., Suite 400, Washington, DC 20006

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Association of Bridge, Structural, Ornamental, and Reinforcing Iron Workers AFL/CIO

12d. Tel. No. 202-383-4800 12e. Cell No. 309-566-9359 12f. Fax No. 12g. E-Mail Address vddonato@iwintl.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: Vincent J. Di Donato, District Representative 13b. Address (street and number, city, State and ZIP code): 12628 Towerline Rd, Pekin, IL 61554

13c. Tel. No. 13d. Cell No. 309-566-9359 13e. Fax No. 13f. E-Mail Address vddonato@iwintl.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Vincent J. Di Donato Signature Title District Representative Date 10/31/2019

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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